Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF OHIO	_	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/22

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on	Henry	
	your government-issued picture identification (for example, your driver's	First name	First name
	license or passport).	Middle name	Middle name
	Bring your picture identification to your meeting with the trustee.	Flowers, IV	
		Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of		
	your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-6379	

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EIN	EIN			
5.	Where you live		If Debtor 2 lives at a different address:			
		2229 Glenside Avenue Cincinnati, OH 45212				
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Hamilton County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition,	Check one: Over the last 180 days before filing this petition, I			
		I have lived in this district longer than in any other district.	have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

Par	t 2: Tell the Court About	our Ban	kruptcy Ca	ase						
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.								
	choosing to file under	☐ Chapter 7								
		☐ Cha	pter 11							
		☐ Cha	pter 12							
		■ Cha	pter 13							
8.	How you will pay the fee	— al oı	I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.							
			need to pa	y the fee in installme		s option, sign and attach the	e Application for Individu	uals to Pay		
		☐ I i	request that ut is not req	uired to, waive your fo	(You may request this ee, and may do so onl	option only if you are filing y if your income is less thar	n 150% of the official pov	verty line that		
						efee in installments). If you I (Official Form 103B) and fi		must fill out		
9. Have you filed for bankruptcy within the										
	last 8 years?	☐ Yes.								
			District			Case r	number			
			District		When		number			
			District		When	Case r	number			
10.	Are any bankruptcy cases pending or being	■ No								
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.								
			Debtor			Relation	ship to you			
			District		When	Case nu	ımber, if known			
			Debtor				ship to you			
			District		When	Case nu	umber, if known			
11.	Do you rent your	■ No.	Go to	ine 12.						
	residence?	☐ Yes.	Has yo	our landlord obtained	an eviction judgment a	against you?				
				No. Go to line 12.						
				Yes. Fill out <i>Initial Si</i> this bankruptcy petit		iction Judgment Against Yo	u (Form 101A) and file it	as part of		

Case number (if known)

Debtor 1 Henry Flowers, IV

Deb	tor 1 Henry Flowers, IV	,			Case number (if known)				
Par	t 3: Report About Any Bu	ısinesses	You Owi	n as a Sole Proprieto	or				
	Are you a sole proprietor								
12.	of any full- or part-time business?	■ No.	Go to	Part 4.					
		☐ Yes.	☐ Yes. Name and location of business						
	A sole proprietorship is a								
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			e of business, if any	9. 7/D Codo				
	If you have more than one sole proprietorship, use a separate sheet and attach		Numi	per, Street, City, State	e & ZIP Code				
	it to this petition.		Chec	k the appropriate box	k to describe your business:				
				Health Care Busin	ess (as defined in 11 U.S.C. § 101(27A))				
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))				
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))				
				Commodity Broker	(as defined in 11 U.S.C. § 101(6))				
				None of the above					
Par	•	proceed you are of cash-flow § 1116(1 No. No. Yes.	under Suchoosing wistateme ()(B). I am to Code I am to I do rotoos	the the proceed under Subtent, and federal incommot filing under Chapter 1 to the chapter 1	court must know whether you are a small business debtor or a debtor choosing to can set appropriate deadlines. If you indicate that you are a small business debtor or ochapter V, you must attach your most recent balance sheet, statement of operations, he tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. ter 11. It, but I am NOT a small business debtor according to the definition in the Bankruptcy and a small business debtor according to the definition in the Bankruptcy Code, and a under Subchapter V of Chapter 11. It, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11. It Property That Needs Immediate Attention				
14.	Do you own or have any property that poses or is	■ No.							
	alleged to pose a threat of imminent and identifiable hazard to public health or safety?	pose a threat Yes. It and What is the hazard to		the hazard?					
	Or do you own any property that needs immediate attention?			diate attention is , why is it needed?					
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where i	s the property?					
					Number, Street, City, State & Zip Code				

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	otor 1 Henry Flowers, IV			Case num	Der (if known)			
Par	t 6: Answer These Quest	ons for Re	porting Purposes					
16.	What kind of debts do you have?		Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." □ No. Go to line 16b.					
			_					
			Yes. Go to line 17.					
				business debts? Business debts are debt vestment or through the operation of the business.				
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you	owe that are not consumer debts or busin	ess debts			
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapte	er 7. Go to line 18.				
	Do you estimate that after any exempt	☐ Yes.	I am filing under Chapter 7. are paid that funds will be a	. Do you estimate that after any exempt pro available to distribute to unsecured creditor	operty is excluded and administrative expenses s?			
	administrative expenses	are paid that funds will be available to distribute to unsecured creditors? are paid that funds will be available to distribute to unsecured creditors? No Yes w many Creditors do lestimate that you possible that you possible to distribute to unsecured creditors? No Yes 1,000-5,000 25,001-50,000 50,001-100,000 50,001-100,000 1,000-100,000 1,0						
	are paid that funds will be available for		□Yes	□ 5001-10,000 □ 50,001-100,000				
	distribution to unsecured creditors?				lebts that you incurred to obtain a business or investment. siness debts property is excluded and administrative expense litors? 25,001-50,000			
18.	How many Creditors do	1-49		□ 1.000-5.000	□ 25.001-50.000			
	you estimate that you owe?							
	owe:	□ 100-19	19	□ 10,001-25,000	☐ More than100,000			
		□ 200-99	9					
19.	How much do you	□ \$0 - \$5	50,000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
	estimate your assets to be worth?	□ \$50,00	1 - \$100,000	□ \$10,000,001 - \$50 million				
			01 - \$500,000	□ \$50,000,001 - \$100 million				
		□ \$500,0	01 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion			
20.	How much do you	□ \$0 - \$5	0,000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
	estimate your liabilities to be?		01 - \$100,000	□ \$10,000,001 - \$50 million				
			01 - \$500,000	□ \$50,000,001 - \$100 million				
		□ \$500,0	01 - \$1 million	□ \$100,000,001 - \$500 million	inote than \$50 billion			
Par	t7: Sign Below							
For	you	I have exa	amined this petition, and I de	eclare under penalty of perjury that the info	ormation provided is true and correct.			
				7, I am aware that I may proceed, if eligible relief available under each chapter, and I				
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).						
		I request r	elief in accordance with the	e chapter of title 11, United States Code, sp	pecified in this petition.			
		bankrupto and 3571.	y case can result in fines up					
		Henry F	y Flowers, IV lowers, IV of Debtor 1	Signature of Deb	tor 2			
		Executed	on August 25, 2022	Executed on				
			MM / DD / YYYY	M	M / DD / YYYY			

Debtor 1 Henry Flowers, IV	1	Cas	se number (if known)					
For your attorney, if you are	I the attorney for the debtor(c) named in this netil	tion, declare that I have	informed the debtor(s) about eligibility to proceed					
represented by one	under Chapter 7, 11, 12, or 13 of title 11, United S	States Code, and have e	()					
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applies, ce schedules filed with the petition is incorrect.	d, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the nedules filed with the petition is incorrect.						
	/s/ Andrew P. Brasse	Date	August 25, 2022					
	Signature of Attorney for Debtor		MM / DD / YYYY					
	Andrew P. Brasse							
	Printed name							
	Barr, Jones & Associates LLP							
	Firm name							
	810 Sycamore Street, 4th Floor							
	Cincinnati, OH 45202							
	Number, Street, City, State & ZIP Code							

Email address

Contact phone **513-729-9079**

0082363 OHBar number & State

abrasse@barrjoneslegal.com

Fill	n this information to identify your case:		
Deb			
Deb	First Name Middle Name Last Name		
	Se if, filing) First Name Middle Name Last Name		
Unit	ed States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO		
Cas (if kno	e number	_	ck if this is an ended filing
Su	icial Form 106Sum nmary of Your Assets and Liabilities and Certain Statistical Information s complete and accurate as possible. If two married people are filing together, both are equally responsible for	r supply	12/15
infor	mation. Fill out all of your schedules first; then complete the information on this form. If you are filing amende original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. ——		
Part	1: Summarize Your Assets		
			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	185,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	26,930.78
	1c. Copy line 63, Total of all property on Schedule A/B	\$	211,930.78
Part	2: Summarize Your Liabilities		
			liabilities unt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	176,534.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	11,300.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	161,815.33
	Your total liabilities	\$	349,649.33
Part	3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,292.49
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,622.49
Part	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other s	chedules.
7.	■ Yes What kind of debt do you have?		
	■ Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a persona	al, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this	box and	submit this form to

the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

2,355.06

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cla	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	11,300.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	11,300.00

Fill in this inforr	mation to identify	your case and th	is filing	g:			
Debtor 1	Henry Flowe		Name	Last Name			
Debtor 2	riistivaille	ivildule	Name	Last Name			
(Spouse, if filing)	First Name	Middle	Name	Last Name			
United States Ba	inkruptcy Court for	the: SOUTHER	N DIST	RICT OF OHIO			
Case number _							☐ Check if this is an amended filing
Schedul n each category, s hink it fits best. B	e as complete and a e space is needed, a	roperty escribe items. List a	e. If two	only once. If an asset fits in more than one married people are filing together, both are his form. On the top of any additional pages	equally respo	nsible for su	pplying correct
□ No. Go to Par		uitable interest in a	ny resid	lence, building, land, or similar property?			
1.1			What	is the property? Check all that apply			
	aside Avenue if available, or other desi	cription		Single-family home Duplex or multi-unit building Condominium or cooperative	the amount of	of any secured	ims or exemptions. Put d claims on Schedule D: ns Secured by Property.
Cincinnat	i OH	45212-0000 ZIP Code		Manufactured or mobile home Land Investment property	Current valuentire prope		Current value of the portion you own? \$185,000.00
				Timeshare		simple, teń	our ownership interest ancy by the entireties, or
Hamilton							
County				Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this iter erty identification number:	(see instr	ructions)	munity property
			Han	nilton County Auditor: \$153,000.00	0		
2. Add the doll pages you h	ar value of the po lave attached for l	rtion you own fo Part 1. Write that	r all of numbe	your entries from Part 1, including any r here	entries for	>	\$185,000.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Part 2: Describe Your Vehicles

Debt	tor 1 Henry Flowers, IV		Case number (if known)	
3. C a	ars, vans, trucks, tractors, sport utility	vehicles, motorcycles		
	•	•		
	No			
	Yes			
3.1	Make: Cadillac	Who has an interest in the property? Check one		ed claims or exemptions. Put ecured claims on <i>Schedule D:</i>
	Model: DeVille	■ Debtor 1 only		Claims Secured by Property.
	Year: 2004	Debtor 2 only	Current value of th	e Current value of the
	Approximate mileage: 81,000 miles		entire property?	portion you own?
	Other information:	☐ At least one of the debtors and another		
	Purchase price: \$1000.00		4== 0	
		☐ Check if this is community property	\$750.0	00 \$750.00
		(see instructions)		
			5	
3.2	Make: Honda	Who has an interest in the property? Check one		ed claims or exemptions. Put ecured claims on <i>Schedule D</i> :
	Model: Accord	■ Debtor 1 only	Creditors Who Have	Claims Secured by Property.
	Year: 2015	Debtor 2 only	Current value of th	e Current value of the
	Approximate mileage: 85,000 miles	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other information:	At least one of the debtors and another		
	KBB trade in value in good		\$11,261.0	00 \$11,261.00
	condition: \$11261	Check if this is community property (see instructions)	Ψ11,201.	
	Hamda		Do not deduct secur	ed claims or exemptions. Put
3.3	Make: Honda	Who has an interest in the property? Check one		ecured claims on Schedule D:
	Model: Valkyrie	Debtor 1 only	Creditors Who Have	Claims Secured by Property.
	Year: 2014	Debtor 2 only	Current value of th	e Current value of the
	Approximate mileage: 24,000 miles	-	entire property?	portion you own?
	Other information:	At least one of the debtors and another		
	KBB trade in value in good		\$9,800.0	9,800.00
	condition: \$9800	LI Check if this is community property (see instructions)		
		J , , ,		
Exa		and other recreational vehicles, other vehicles watercraft, fishing vessels, snowmobiles, motorcy		
		own for all of your entries from Part 2, including that number here		\$21,811.00
Part :				
Do y	rou own or have any legal or equitable	interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
E	ousehold goods and furnishings ixamples: Major appliances, furniture, line I No	ns, china, kitchenware		
	Yes. Describe			
	Two couches	, recliner, table and chairs, bed, bedroom	set	\$2,500.00

D	ebtor 1	Henry Flowers, IV Case number (i	f known)
7.	Electron Examp	nics les: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; including cell phones, cameras, media players, games	music collections; electronic devices
	□ No	including cell priories, carrieras, media piayers, games	
	Yes.	. Describe	
		Two televisions, computer	\$1,200.00
8.		ibles of value oles: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; star other collections, memorabilia, collectibles	np, coin, or baseball card collections;
	■ No	. Describe	
	— 103.	. Describe	
9.		nent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; musical instruments	canoes and kayaks; carpentry tools;
	☐ Yes.	. Describe	
10	Fireari Exam	ms sples: Pistols, rifles, shotguns, ammunition, and related equipment	
	Yes.	. Describe	
		40 Caliber Smith & Wesson	\$400.00
	□ No ■ Yes.	Describe	\$450.00
_		Debtor's wardrobe	
12	■ No	ry uples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, Describe	gems, gold, silver
13.		arm animals pples: Dogs, cats, birds, horses	
		. Describe	
14.	Any of	ther personal and household items you did not already list, including any health aids you did no	ot list
	☐ Yes.	. Give specific information	
15		the dollar value of all of your entries from Part 3, including any entries for pages you have attac Part 3. Write that number here	hed \$4,550.00
Pa	ırt 4: De	escribe Your Financial Assets	
		wn or have any legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16	Cash Exam	oples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file yo	our petition

Official Form 106A/B Schedule A/B: Property page 3

☐ No

Debtor 1 Henry Flo	owers, IV	Case number (if known)	
Yes			
		Cash _	\$10.00
	g, savings, or other financial acc	counts; certificates of deposit; shares in credit unions, brokerage houses s with the same institution, list each.	, and other similar
■ Yes		Institution name:	
	17.1. Checking	Wells Fargo Bank Account xxxxxxxx7364	\$56.97
	17.2. Checking	USAA Bank Account xxxxxxxxx8628	\$502.81
	ds, or publicly traded stocks nds, investment accounts with br Institution or issuer	okerage firms, money market accounts	
19. Non-publicly trade joint venture	d stock and interests in incorp	porated and unincorporated businesses, including an interest in an	LLC, partnership, and
No	c information about them Name of entity:	 % of ownership:	
Negotiable instrum Non-negotiable ins	ents include personal checks, ca	otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them.	
■ No □ Yes. Give specific	information about them Issuer name:		
21. Retirement or pens Examples: Interests		403(b), thrift savings accounts, or other pension or profit-sharing plans	
■ No □ Yes. List each acc	count separately. Type of account:	Institution name:	
	nused deposits you have made s	o that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies, or	others
Yes		Institution name or individual:	
23. Annuities (A contra	ct for a periodic payment of mon	ey to you, either for life or for a number of years)	
☐ Yes	Issuer name and description.		
26 U.S.C. §§ 530(b)	cation IRA, in an account in a c (1), 529A(b), and 529(b)(1).	qualified ABLE program, or under a qualified state tuition program.	
■ No □ Yes	Institution name and description	on. Separately file the records of any interests.11 U.S.C. § 521(c):	
■ No	or future interests in property (of the control of	other than anything listed in line 1), and rights or powers exercisab	le for your benefit

De	ebtor 1	Henry Flowers, IV	Case number (if known)	
26.	_Examp	s, copyrights, trademarks, trade secrets, and other intellectual les: Internet domain names, websites, proceeds from royalties and		
	■ No □ Yes.	Give specific information about them		
27.		es, franchises, and other general intangibles les: Building permits, exclusive licenses, cooperative association he	oldings, liquor licenses, professional license	es
	☐ Yes.	Give specific information about them		
Mo	oney or p	property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refu	unds owed to you		
	■ No □ Yes. 0	Give specific information about them, including whether you already	filed the returns and the tax years	
	■ No	support les: Past due or lump sum alimony, spousal support, child support, Give specific information	maintenance, divorce settlement, property	settlement
	— 100. V	orve spessife information		
	Examp ■ No	Imounts someone owes you Ides: Unpaid wages, disability insurance payments, disability benefit benefits; unpaid loans you made to someone else Give specific information	s, sick pay, vacation pay, workers' comper	nsation, Social Security
31.	Interest	ts in insurance policies les: Health, disability, or life insurance; health savings account (HS	A); credit, homeowner's, or renter's insurar	nce
		Name the insurance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
		USAA Term Life Insurance	Spouse	\$0.00
32.	If you a	erest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurne has died.	ance policy, or are currently entitled to rece	eive property because
	☐ Yes.	Give specific information		
		against third parties, whether or not you have filed a lawsuit o les: Accidents, employment disputes, insurance claims, or rights to		
		Describe each claim		
34.	Other c	contingent and unliquidated claims of every nature, including c	ounterclaims of the debtor and rights to	set off claims
	☐ Yes.	Describe each claim		
35.	Any fina ■ No	ancial assets you did not already list		
		Give specific information		
36		he dollar value of all of your entries from Part 4, including any irt 4. Write that number here		\$569.78

Debt	or 1 Henry Flowers, IV			Case number (if known)	
Part 5	5: Describe Any Business-Related Property You Own or Have	an Interest	In. List any real est:	ate in Part 1.	
	o you own or have any legal or equitable interest in any busine				
	No. Go to Part 6.	33-i ciateu į	or operty:		
_	Yes. Go to line 38.				
Part 6	Describe Any Farm- and Commercial Fishing-Related Prop If you own or have an interest in farmland, list it in Part 1.	erty You Ov	vn or Have an Intere	st In.	
46. D	o you own or have any legal or equitable interest in an	y farm- or	commercial fishir	ng-related property?	
	No. Go to Part 7.				
[☐ Yes. Go to line 47.				
Part 7	Describe All Property You Own or Have an Interest in	That You D	id Not List Above		
	to you have other property of any kind you did not alread Examples: Season tickets, country club membership No Yes. Give specific information	ady list?			
54.	Add the dollar value of all of your entries from Part 7. \	Vrite that	number here		\$0.00
Part 8	List the Totals of Each Part of this Form				
55.	Part 1: Total real estate, line 2			<u> </u>	\$185,000.00
56.	Part 2: Total vehicles, line 5	_	\$21,811.00		
57.	Part 3: Total personal and household items, line 15	_	\$4,550.00		
58.	Part 4: Total financial assets, line 36	_	\$569.78		
59.	Part 5: Total business-related property, line 45	_	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	_	\$0.00		
61.	Part 7: Total other property not listed, line 54	+ _	\$0.00		
62.	Total personal property. Add lines 56 through 61	_	\$26,930.78	Copy personal property total	\$26,930.78
63.	Total of all property on Schedule A/B. Add line 55 + line	62			\$211,930.78

Official Form 106A/B Schedule A/B: Property page 6

First Name	Middle Name	Last Name	
First Name	Middle Name	Last Name	
uptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	
			☐ Check if this is an amended filing

case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.								
	■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)								
	☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)								
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.								
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	e Amount of the exemption you claim		Specific laws that allow exemption				
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.					
	2229 Glenside Avenue Cincinnati, OH 45212 Hamilton County	\$185,000.00		\$153,000.00	Ohio Rev. Code Ann. § 2329.66(A)(1)				
	Hamilton County Auditor: \$153,000.00 Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	2020.00(A)(1)				
	2004 Cadillac DeVille 81,000 miles miles	\$750.00		\$750.00	Ohio Rev. Code Ann. § 2329.66(A)(18)				
	Purchase price: \$1000.00 Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit					
	2015 Honda Accord 85,000 miles miles	\$11,261.00		\$4,450.00	Ohio Rev. Code Ann. § 2329.66(A)(2)				
	KBB trade in value in good condition: \$11261 Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit	. , ,				
	Two couches, recliner, table and chairs, bed, bedroom set	\$2,500.00		\$2,500.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)				
	Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	2020:00(: 5/(:)/(d)				

Part 1: Identify the Property You Claim as Exempt

Debto	Henry Flowers, IV			Case number (if known)	
Bi Se	rief description of the property and line on chedule A/B that lists this property	Current value of the Am portion you own		ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	wo televisions, computer ne from <i>Schedule A/B</i> : 7.1	\$1,200.00		\$1,200.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
	10 nom 03/100aic / 12: 111			100% of fair market value, up to any applicable statutory limit	
	0 Caliber Smith & Wesson ne from Schedule A/B: 10.1	\$400.00	\$400.00		Ohio Rev. Code Ann. § 2329.66(A)(18)
	10 1011 05/100a10 / V L			100% of fair market value, up to any applicable statutory limit	
	ebtor's wardrobe ne from <i>Schedule A/B</i> : 11.1	\$450.00		\$450.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
				100% of fair market value, up to any applicable statutory limit	
	ash ne from Schedule A/B: 16.1	\$10.00		\$10.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
Li	The Hoth Schedule ALD. 19.1			100% of fair market value, up to any applicable statutory limit	2020.00(A)(0)
	hecking: Wells Fargo Bank Account	\$56.97		\$56.97	Ohio Rev. Code Ann. § 2329.66(A)(18)
Li	ne from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
	hecking: USAA Bank Account	\$502.81		\$502.81	Ohio Rev. Code Ann. § 2329.66(A)(3)
	ne from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
	hecking: USAA Bank Account	\$502.81		\$0.00	Ohio Rev. Code Ann. § 2329.66(A)(18)
	ne from <i>Schedule A/B</i> : 17.2			100% of fair market value, up to any applicable statutory limit	2020103(1.1)(1.0)
_	SAA Term Life Insurance eneficiary: Spouse	\$0.00		\$0.00	Ohio Rev. Code Ann. § 2329.66(A)(18)
	ne from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit	2020.00(//)(10)
	re you claiming a homestead exemption of Subject to adjustment on 4/01/25 and every 3 No Yes. Did you acquire the property covered No	Byears after that for ca	ises fi		

Fill in this information	on to identify you	W 00001			
Fill III this information	on to identify you	ii case.			
	Henry Flowers,	Middle Name Last Name			
Debtor 2					
(Spouse if, filing)	irst Name	Middle Name Last Name			
United States Bankru	ptcy Court for the:	SOUTHERN DISTRICT OF OHIO			
Case number					
(if known)				☐ Check	if this is an
				amend	ded filing
Official Form 1	06D				
		Who Have Claims Secure	d by Propert	V	12/15
is needed, copy the Add number (if known). 1. Do any creditors have No. Check this	ditional Page, fill it o	his form to the court with your other schedules. \	On the top of any addition	nal pages, write your na	
	cured Claims				
		more than one secured claim, list the creditor separate	Column A	Column B	Column C
for each claim. If more t	han one creditor has	a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Bsi Mtg		Describe the property that secures the claim:	\$152,217.00	\$185,000.00	\$0.00
Creditor's Name Attn: Bankru 101 N 2nd St	ptcy	2229 Glenside Avenue Cincinnati, OH 45212 Hamilton County Hamilton County Auditor: \$153,000.00 As of the date you file, the claim is: Check all that			
Titusville, PA	16354	apply. ☐ Contingent			
Number, Street, City,	State & Zip Code	☐ Unliquidated			
		☐ Disputed			
Who owes the debt?	Check one.	Nature of lien. Check all that apply.			
Debtor 1 only			ecured		
☐ Debtor 2 only ☐ Debtor 1 and Debtor	2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the de	•	☐ Judgment lien from a lawsuit			
Check if this claim is community debt		Other (including a right to offset)			
Para I I I I I I I I I I I I I I I I I I	Opened 12/20 Last Active	Last 4 digits of account number 4070			
Date debt was incurred	6/01/22	Last 4 digits of account number 4070			

Debtor 1 Henry Flowers, IV	Case number (if known)			
First Name Middle N	Name Last Name	_		
2.2 Freedom Road Financial	Describe the property that secures the claim:	\$14,200.00	\$9,800.00	\$4,400.00
Creditor's Name	2014 Honda Valkyrie 24,000 miles miles KBB trade in value in good condition: \$9800	ψ1 4 ,200.00		ψ+,+00.00
PO Box 18218 Reno, NV 89521	As of the date you file, the claim is: Check all that apply. Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only	An agreement you made (such as mortgage or sector loan)	ured		
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
\square At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred 4/22/22	Last 4 digits of account number			
2.3 Toyota Financial Services	Describe the property that secures the claim:	\$10,117.00	Unknown	Unknown
Creditor's Name	Automobile			
Attn: Bankruptcy Po Box 259001 Plano, TX 75025 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secretar loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)	ured		
community debt Opened 04/20 Last Active Date debt was incurred 6/07/22	Last 4 digits of account number 0001			
Add the deller value of various and the deller	Calumn A an this many Write that must be be	¢470 E24 00	1	
Add the dollar value of your entries in the last page of your form, add	Column A on this page. Write that number here: I the dollar value totals from all pages.	\$176,534.00	-	
Write that number here:		\$176,534.00]	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Eill in th	in informa	stien te identifican								
Fill in th	is informa	ation to identify your o	case:							
Debtor 1		Henry Flowers, IV		e Name	Last Nam	Δ				
Debtor 2		Thot Name	Wilde	o ramo	Lastrani	o .				
(Spouse if, f		First Name	Middle	e Name	Last Nam	е				
United St	tates Bank	cruptcy Court for the:	SOUTHE	RN DISTRICT C	F OHIO					
Case nur	mhor									
(if known)								☐ Check	if this is an	1
								amend	ed filing	
Off: -: -	I ====================================	400F/F								
		<u>106E/F</u> F: Creditors W	ho Hov	ra Ilmaaarir	ad Claim	_			12/15	<u>.</u>
any execus Schedule (Schedule I left. Attach name and Part 1:	tory contra G: Executo D: Creditor h the Contin case numb	accurate as possible. Usicts or unexpired leases ry Contracts and Unexpires Who Have Claims Secunuation Page to this pagner (if known). Of Your PRIORITY Un	that could reired Leases ured by Prope. If you have	esult in a claim. A (Official Form 106 perty. If more space or no information	Also list executo 6G). Do not inclo ce is needed, co	ry contract ude any cre py the Part	s on Schedule A/B: F ditors with partially s you need, fill it out,	Property (Official For secured claims that a number the entries in	m 106A/B) a re listed in 1 the boxes	and on on the
_	•	s have priority unsecured	d claims aga	ainst you?						
	o. Go to Par	t 2.								
■ Ye		riarity unacquired eleima	If a gradita	r has more than an	o priority upocou	rad alaim lia	t the graditar congrets	ly for each claim. For	aaah alaim l	intod
identif possik	fy what type ble, list the o	oriority unsecured claims of claim it is. If a claim ha claims in alphabetical orde an one creditor holds a pa	s both priorit r according t	y and nonpriority a to the creditor's nar	mounts, list that one. If you have n	claim here a	nd show both priority a	nd nonpriority amount	s. As much	as
(For a	an explanation	on of each type of claim, s	ee the instru	ctions for this form	in the instruction	booklet.)	Total claim	Priority amount	Nonpriorit amount	ty
2.1	RS			Last 4 digits of a	ccount number		\$7,000.00	\$7,000.00		\$0.00
	Priority Cred			When wee the de	الموسيوسة عطر	2020			-	
	PO Box 2 Kansas C	City, MO 64121		When was the de	ept incurred?	2020		-		
	Number Stre	eet City State Zip Code		As of the date yo	u file, the claim	is: Check a	ll that apply			
Who	o incurred t	the debt? Check one.		☐ Contingent						
■ [Debtor 1 onl	у		☐ Unliquidated						
	Debtor 2 onl	у		☐ Disputed						
	Debtor 1 and	d Debtor 2 only		Type of PRIORIT		aim:				
	At least one	of the debtors and anothe	r	☐ Domestic supp	oort obligations					
	Check if this	s claim is for a commun	ity debt	Taxes and cer	tain other debts	ou owe the	government			
		bject to offset?		☐ Claims for dea	th or personal in	ury while yo	u were intoxicated			
■ N				☐ Other. Specify						
	Yes									
	RS			Last 4 digits of a	ccount number		\$4,300.00	\$4,300.00		\$0.00
F	PO Box 2			When was the de	ebt incurred?	2019		-		
<u>r</u>	Number Stre	City, MO 64121 eet City State Zip Code		As of the date yo	u file, the claim	is: Check a	II that apply			
Who	o incurred t	the debt? Check one.		☐ Contingent			11.7			
	Debtor 1 onl	у		☐ Unliquidated						
	Debtor 2 onl	у		☐ Disputed						
		d Debtor 2 only		Type of PRIORIT	Y unsecured cla	aim:				
		of the debtors and anothe	r	☐ Domestic supp	oort obligations					
		s claim is for a commun		■ Taxes and cer	tain other debts	ou owe the	government			
		bject to offset?	.,				u were intoxicated			
■ N					-	-				
	Yes			- 1 7						

o any creditors have nonpriority unsecured claim	s against you?						
\square No. You have nothing to report in this part. Submit t	this form to the court with your other sche	edules.					
Yes.							
List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each clathan one creditor holds a particular claim, list the other Part 2.	aim. For each claim listed, identify what t	ype of claim it is. Do r	not list claims already inc	cluded in Part 1. If more			
				Total claim			
Costco Citi Card	Last 4 digits of account number	2504		\$1,282.00			
Nonpriority Creditor's Name	-						
Attn: Bankruptcy Po Box 6500	When was the debt incurred?	Opened 08/21 4/02/22	Last Active				
Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that appl	у	-			
Debtor 1 only	☐ Contingent						
Debtor 2 only	☐ Unliquidated						
☐ Debtor 1 and Debtor 2 only	☐ Disputed						
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans						
☐ Check if this claim is for a community							
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
No	nilar debts						
Yes	Other. Specify Credit Card	I		-			
Discover Financial	Last 4 digits of account number	2266		\$9,818.00			
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3025 New Albany, OH 43054	When was the debt incurred?	Opened 03/20 07/22	Last Active	-			
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that appl	у				
Debtor 1 only	☐ Contingent						
Debtor 2 only							
☐ Debtor 1 and Debtor 2 only							
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
☐ Check if this claim is for a community	☐ Student loans						
debt Is the claim subject to offset?	 ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts 						
■ No							
Yes	■ Other. Specify Credit Card						

Case number (if known)

Debtor 1 Henry Flowers, IV

Debto	Henry Flowers, IV			
4.3	First Premier Bank	Last 4 digits of account number	1900	\$1,011.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117	When was the debt incurred?	Opened 03/20 Last Active 07/22	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card		
4.4	RMP Services, LLC	Last 4 digits of account number	7037	\$724.74
	Nonpriority Creditor's Name PO Box 630844 Cincinnati, OH 45263	When was the debt incurred?	1/22/21	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical		
4.5	Rochelle Beatrice Flowers Nonpriority Creditor's Name	Last 4 digits of account number	0311	\$20,315.59
	2229 Glenside Avenue Cincinnati, OH 45212-3000	When was the debt incurred?	12/1/21	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured		
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing		
	Yes	■ Other. Specify Divorce De	cision	

Debtor	1 Henry Flowers, IV		Case number (if known)							
	Southwest Collections Nonpriority Creditor's Name	Last 4 digits of account number	7148	\$177.00						
	Southwest Collection Po Box 6349 Orange, CA 92863	When was the debt incurred?	Opened 01/19 Last Active 04/18							
-	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply							
	Debtor 1 only	☐ Contingent								
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed								
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not							
	■ No	Debts to pension or profit-sharing								
	Yes	Other. Specify Medical De	bt							
	Southwest Collections Nonpriority Creditor's Name	Last 4 digits of account number	7178	\$102.00						
	Southwest Collection Po Box 6349 Orange, CA 92863	When was the debt incurred?	Opened 01/19 Last Active 04/18							
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply							
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated	gent idated							
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans	d claim:							
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not							
	No	Debts to pension or profit-sharing	g plans, and other similar debts							
	Yes	■ Other. Specify Medical De	bt							
	Synchrony Bank Nonpriority Creditor's Name	Last 4 digits of account number	8970	\$2,234.00						
	Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 03/20 Last Active 05/22							
-	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply							
	■ Debtor 1 only	☐ Contingent								
	☐ Debtor 2 only	☐ Unliquidated								
	Debtor 1 and Debtor 2 only	Disputed								
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:							
	☐ Check if this claim is for a community	☐ Student loans								
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not							
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts							
	Yes	Other. Specify Charge Acc	count							

Debtor	1 Henry Flowers, IV		Case number (if known)						
4.9	Synchrony Bank/Lowes Nonpriority Creditor's Name	Last 4 digits of account number	8256	\$1,189.00					
	Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 04/20 Last Active 06/22						
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply						
	■ Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not						
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts						
	Yes	Other. Specify Charge Acc	count						
4.1	Telecom Self-reported	Last 4 digits of account number	478C	\$17.00					
	Nonpriority Creditor's Name Po Box 4500 Allen. TX 75013	When was the debt incurred?	Last Active 7/06/22						
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply						
	■ Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans							
	☐ Check if this claim is for a community								
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not						
	No	Debts to pension or profit-sharing	g plans, and other similar debts						
	Yes	Other. Specify Agriculture	Chkg/Netflix						
4.1	U.S. Small Business Administration Nonpriority Creditor's Name	Last 4 digits of account number	8201	\$123,600.00					
	14925 Kingsport Road Fort Worth, TX 76155	When was the debt incurred?							
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply						
	■ Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not						
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts						
	☐ Yes	Other. Specify SBA Loan							

Debtor	1 Henry Flo	owers, IV		Case nur	mber (if kno	wn)	
4.1		ral Savings Bank	Last 4 digits of account number	4779			\$726.00
	Nonpriority Cred Attn: Bankr 10750 Mcde San Antonio	ruptcy ermott Freeway	When was the debt incurred?	Opend 7/05/2		Last Active	
	Number Street 0	City State Zip Code the debt? Check one.	As of the date you file, the claim i	s: Check	all that appl	y	
	Debtor 1 onl	ly	☐ Contingent				
	Debtor 2 onl	V	☐ Unliquidated				
	Debtor 1 and	•	☐ Disputed				
		of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
		s claim is for a community	☐ Student loans				
	debt	bject to offset?	☐ Obligations arising out of a sepa	ration agre	eement or d	livorce that you did not	
	■ No	•	Debts to pension or profit-sharin	g plans, a	nd other sin	nilar debts	
	☐ Yes		Other Specify Credit Card	•			
4.1	Wells Fargo	o Bank NA	Last 4 digits of account number	3122			\$619.00
3	Nonpriority Cred		When was the debt incurred?		ed 06/19	Last Active	
	Des Moines	s, IA 50328	mon was the dest meaned.	UITE			
		City State Zip Code the debt? Check one.	As of the date you file, the claim i	s: Check	all that apply	у	
	■ Debtor 1 onl	ly	☐ Contingent				
	Debtor 2 onl	V	☐ Unliquidated				
	Debtor 1 and		☐ Disputed				
	☐ At least one	of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this	s claim is for a community	☐ Student loans				
	debt	bject to offset?	Obligations arising out of a separeport as priority claims	ration agre	eement or d	livorce that you did not	
	■ No		Debts to pension or profit-sharin	g plans, a	nd other sin	nilar debts	
	☐ Yes		Other. Specify Credit Card	l			
Part 3:	List Others	s to Be Notified About a Debt 1	hat You Already Listed				
is tryi have ı	ng to collect fro more than one c	m you for a debt you owe to some	ut your bankruptcy, for a debt that yone else, list the original creditor in bu listed in Parts 1 or 2, list the addiubilithis page.	Parts 1 o	or 2, then lis	st the collection agency	here. Similarly, if you
Part 4:	Add the Ar	mounts for Each Type of Unse	cured Claim				
	the amounts of of unsecured cla		. This information is for statistical re	eporting p	purposes o	nly. 28 U.S.C. §159. Add	d the amounts for each
	2	Domostia accessed at the effect		C-	•	Total Claim	
Total claims	6a.	Domestic support obligations		6a.	\$	0.00	-
from Pa		Taxes and certain other debts yo	-	6b.	\$	11,300.00	-
	6c.	Claims for death or personal inju		6c.	\$	0.00	-
	6d.	Other. Add all other priority unsecu	ireu ciaims. Write that amount here.	6d.	»	0.00	-
	6e.	Total Priority. Add lines 6a through	n 6d.	6e.	\$	11,300.00	-
		On the other con-		01		Total Claim	
Total claims	6f.	Student loans		6f.	\$	0.00	-

Debtor 1 _	lenry Flo	owers, IV	Case nu	ımber (if known)	
from Part 2	6g. 6h.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	6g. 6h.	\$ \$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	161,815.33
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	161,815.33

Fill in this infor					
Debtor 1	Henry Flowers, IV	1			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO		
Case number					
(if known)					Check if this is an
					amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company wit	h whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.4	•				
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	

Fill in this info	rmation to identify you	ır case:			
Debtor 1	Henry Flowers,	IV			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
(Spouse II, IIIIIg)	riistivanie				
United States B	Sankruptcy Court for the	SOUTHERN DISTRICT (OF OHIO		
Case number (if known)					☐ Check if this is an amended filing
	orm 106H e H: Your Co	debtors			12/15
people are filing ill it out, and now our name and	g together, both are ed umber the entries in the case number (if know		ying correct informatio the Additional Page to	n. If more space is neede this page. On the top of a	s possible. If two married ed, copy the Additional Page, any Additional Pages, write
_	navo uny ocuosionon (n you are ming a joint cace, a	o not not ound opouco a	o a ocacolor.	
□ No					
Yes					
		ou lived in a community pro a, Nevada, New Mexico, Pue			tes and territories include
■ No. Go t	to line 3.				
☐ Yes. Did	I your spouse, former sp	ouse, or legal equivalent live	with you at the time?		
in line 2 ag	gain as a codebtor only)), Schedule E/F (Offici	/ if that person is a guarant	or or cosigner. Make su	ire you have listed the cr	h you. List the person shown editor on Schedule D (Official edule E/F, or Schedule G to fill
	mn 1: Your codebtor Number, Street, City, State and	ZIP Code		Column 2: The credito Check all schedules that	r to whom you owe the debt apply:
6681	ajrah Allen I Highland Greens D t Chester, OH 45069	· •		■ Schedule D, line _ □ Schedule E/F, line □ Schedule G _ Toyota Financial Se	

Eill	in this information to it	dentify your co	200									
		lenry Flowe										
	otor 2						_					
Uni	ted States Bankruptcy	Court for the:	SOUTHERN DISTRIC	CT OF OHIO								
1	se number 			-				□ Ar		ed filing ent show	ing postpetition following date:	
0	fficial Form 1	<u>061</u>						M	M / DD/ Y	YYY		
S	chedule I: Yo	our Inco	ome									12/15
sup spo atta	plying correct inform use. If you are separa ch a separate sheet t	nation. If you ated and you	ible. If two married peo are married and not filir r spouse is not filing w On the top of any additi	ng jointly, and ith you, do no	your spout include in	ıse i: ıforn	s liv natio	ing with on about	you, incl your spo	ude info ouse. If n	rmation about nore space is	your needed,
1.	Fill in your employs information.	ment		Debtor 1					Debtor 2	or non-	-filing spouse	
	If you have more tha		Employment status	■ Employed	d				■ Empl	oyed		
	information about ac	attach a separate page with information about additional	_mproyment etatae	☐ Not employed				☐ Not employed				
	employers.		Occupation	Driver								
	Include part-time, se self-employed work.		Employer's name	Uber								
	Occupation may incl or homemaker, if it a		Employer's address	1515 3rd S San Franc		941	58					
			How long employed t	here? 2	years				_			
Par	Give Detail	ls About Mon	thly Income									
	mate monthly incomuse unless you are sep		ate you file this form. If	you have nothi	ng to report	for a	any I	ine, write	\$0 in the	space. I	nclude your nor	n-filing
•	ou or your non-filing spo e space, attach a sepa		re than one employer, co	ombine the info	rmation for	all e	mplo	oyers for t	that perso	on on the	lines below. If	you need
								For Deb	otor 1		ebtor 2 or iling spouse	
2.			ry, and commissions (be calculate what the monthle			2.	\$		0.00	\$	0.00	
3.	Estimate and list m	onthly overti	me pay.			3.	+\$		0.00	+\$_	0.00	
4.	Calculate gross Inc	come. Add lin	e 2 + line 3.			4.	\$		0.00	\$_	0.00	

Debtor 1	Henry Flowers, IV	Case number (if known)		
		For Debtor 1	For Debtor 2 or	

				For	Debtor 1		or Debtor 2 or on-filing spouse	
	Copy	line 4 here	4.	\$	0.00	\$	0.00	_
5.	List a	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	0.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	0.00	_
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	-
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$	0.00	-
	5e.	Insurance	5e.	\$_	0.00	\$	0.00	-
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	_
	5g.	Union dues	5g.	\$_	0.00	\$	0.00	-
	5h.	Other deductions. Specify:	5h.+	: —	0.00	. –	0.00	_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	0.00	=
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	0.00	-
8.	List a 8a.	All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	3,292.49	\$	0.00	
	8b.	Interest and dividends	8b.	\$_	0.00	\$	0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	-
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	_
	8e.	Social Security	8e.	\$	0.00	\$	0.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	 8g.	\$_	0.00	\$	0.00	_
	8h.	Other monthly income. Specify:	8h.+	- \$_	0.00	+ \$ _	0.00	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	3,292.49	\$_	0.00	0
10.		ulate monthly income. Add line 7 + line 9. he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		3,292.49 + \$		0.00 = \$	3,292.49
11.	Include other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not ify:	depen					0.00
12.		the amount in the last column of line 10 to the amount in line 11. The resent that amount on the Summary of Schedules and Statistical Summary of Certaines					e. 12. \$ Combin	3,292.49
12	Do v	ou expect an increase or decrease within the year after you file this form	2					y income
١٥.	■	No.						
		Yes Explain:						

No.	
Yes. Explain:	

Fill	in this information to identify your case:					
Deb	tor 1 Henry Flowers, IV			Check	c if this is:	
Deb	otor 2			_	An amended filing	ving postpetition chapter
(Spo	ouse, if filing)				13 expenses as of	
Unit	ed States Bankruptcy Court for the: SOUTHE	ERN DISTRICT OF OHIO		<u> </u>	MM / DD / YYYY	
Cas	e number					
(If k	nown)					
Of	fficial Form 106J					
S	chedule J: Your Expens	ses				12/15
Be info	as complete and accurate as possible. I ormation. If more space is needed, attac mber (if known). Answer every question.	f two married people are h another sheet to this fo	filing together, bo orm. On the top of	oth are equa any addition	lly responsible fo nal pages, write y	r supplying correct our name and case
Par 1.	t 1: Describe Your Household Is this a joint case?					
	■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate	te household?				
	☐ No ☐ Yes. Debtor 2 must file Official		for Separate House	hold of Debto	or 2.	
2.	Do you have dependents? ■ No					
	— 103.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the dependents names.					□ No □ Yes
	dependents names.					☐ Yes
						Yes
						□ No □ Yes
						□ No
						☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?					
Par	t 2: Estimate Your Ongoing Monthly	Expenses				
exp	imate your expenses as of your bankrup benses as of a date after the bankruptcy blicable date.					
Inc	lude expenses paid for with non-cash govalue of such assistance and have included	overnment assistance if	you know			
	ficial Form 106l.)	uded it on <i>Schedule 1.</i> 70	our income		Your expe	enses
4.	The rental or home ownership expensions payments and any rent for the ground or		clude first mortgage	4. \$		971.00
	If not included in line 4:					
	4a. Real estate taxes			4a. \$		0.00
	4b. Property, homeowner's, or renter's			4b. \$		0.00
	4c. Home maintenance, repair, and up4d. Homeowner's association or condo			4c. \$ 4d. \$		50.00 0.00
5.	Additional mortgage payments for you		ne equity loans	5. \$		0.00

ebtor 1	Henry Flowers, IV		Case num	ber (if known)	
. Utili	ties:				
. 6a.	Electricity, heat, natural gas		6a.	\$	250.00
6b.	Water, sewer, garbage collection		6b.		50.00
6c.	Telephone, cell phone, Internet, satellite	e and cable services	6c.	· : ———	260.00
6d.	Other. Specify:	,, a caste co	6d.	·	0.00
	d and housekeeping supplies		— 7.	\$	306.49
	dcare and children's education costs		8.	\$	0.00
	thing, laundry, and dry cleaning		9.	\$	70.00
	sonal care products and services		10.	\$	100.00
	lical and dental expenses		11.	\$	50.00
Trai	nsportation. Include gas, maintenance, bu	us or train fare.		·	290.00
	not include car payments.		12.	·	
	ertainment, clubs, recreation, newspape	_	13.	\$	30.00
	ritable contributions and religious dona	ations	14.	\$	30.00
	irance.	and a shaded to the an Alexanda			
	not include insurance deducted from your p . Life insurance	pay or included in lines 4 or 20.	15a.	c	0.00
	. Health insurance		15a. 15b.	·	0.00
				·	0.00
	Vehicle insurance		15c.	·	115.00
	Other insurance. Specify:	ur nov or included in lines 4 or 20	15d.	\$	0.00
Spe	es. Do not include taxes deducted from yo cify:	our pay or included in lines 4 or 20.	16.	\$	0.00
	allment or lease payments:				
	Car payments for Vehicle 1		17a.	·	0.00
	Car payments for Vehicle 2		17b.	\$	0.00
	Other. Specify:		17c.	· <u> </u>	0.00
	Other. Specify:		17d.	\$	0.00
	r payments of alimony, maintenance, a ucted from your pay on line 5, Schedule		18.	\$	0.00
	er payments you make to support other			\$	0.00
Spe		•	19.	· 	0.00
Oth	er real property expenses not included	in lines 4 or 5 of this form or on Sche	edule I: Yo	our Income.	
	Mortgages on other property		20a.		0.00
20b	. Real estate taxes		20b.	\$	0.00
20c	Property, homeowner's, or renter's insur	rance	20c.	\$	0.00
20d	. Maintenance, repair, and upkeep expen	ses	20d.	\$	0.00
20e	. Homeowner's association or condominion	um dues	20e.	\$	0.00
Oth	er: Specify: Miscellaneou/stamps		21.	+\$	50.00
	culate your monthly expenses				
22a	. Add lines 4 through 21.			\$	2,622.49
22b	Copy line 22 (monthly expenses for Debte	or 2), if any, from Official Form 106J-2		\$	
22c	Add line 22a and 22b. The result is your	monthly expenses.		\$	2,622.49
Cal	culate your monthly net income.			L	
23a	. Copy line 12 (your combined monthly in	come) from Schedule I.	23a.	\$	3,292.49
23b	Copy your monthly expenses from line 2	22c above.	23b.	-\$	2,622.49
230	Subtract your monthly expenses from yo	our monthly income.			
	The result is your <i>monthly net income</i> .	· · · · · · · · · · · · · · · · · · ·	23c.	\$	670.00
For	you expect an increase or decrease in y example, do you expect to finish paying for your fication to the terms of your mortgage?				or decrease because of
_ ·					
111	AS LEXUALLIBEE.				

Fill in t	his information to identif	y your case:			
Debtor	1 Henry Flow	ers, IV			
	First Name	Middle Name	Last Name		
Debtor (Spouse if		Middle Name	Last Name		
(Opouse II	, ming)				
United	States Bankruptcy Court fo	or the: SOUTHERN DISTRIC	CT OF OHIO		
Case n	umber				
(if known)				☐ Che	ck if this is an
				ame	ended filing
~ <i></i> .	LE 400D				
	al Form 106Dec				
Dec	laration Abo	ut an Individua	al Debtor's Sch	nedules	12/15
If two m	arried people are filing to	ogether, both are equally resp	ponsible for supplying corre	ect information.	
You mu	st file this form wheneve	r vou file bankruptcy schedu	les or amended schedules. I	Making a false statement, conceal	ling property, or
obtainir	ng money or property by	fraud in connection with a ba		fines up to \$250,000, or imprison	
years, o	r both. 18 U.S.C. §§ 152,	1341, 1519, and 3571.			
	Sign Below				
Di	d you pay or agree to pay	y someone who is NOT an att	torney to help you fill out ha	nkruntev forms?	
٥,	a you pay or agree to pa	, someone who is itely an ac	iorney to help you illi out bu	initiapitoy forms.	
	No				
П	Yes. Name of person			Attach Bankruptcy Petition	Preparer's Notice.
	r our riame or person.			Declaration, and Signature	•
Un	der nenalty of neriury Lo	leclare that I have read the su	ımmarv and schedules filed	with this declaration and	
	it they are true and corre		ininiary and schedules med	with this deciaration and	
			v		
Х	/s/ Henry Flowers, IV		X	Nahtar O	
	Henry Flowers, IV Signature of Debtor 1		Signature of D	PEDIOI Z	
	Organical of Debiol 1				
	Date August 25, 202	:2	Date		

Fill	in this inform	nation to identify you	r casa:						
Deb		Henry Flowers,							
DCD	101 1	First Name	Middle Name	Last Name					
	tor 2 use if, filing)	First Name	Middle Name	Last Name					
Unit	ed States Ba	nkruptcy Court for the:	SOUTHERN DISTRICT (OF OHIO					
Coo	e number								
(if kno					_	Check if this is an amended filing			
~ "		407							
	ficial Fo		Affairs for Individ	duals Filing for B	ankruntev	04/22			
					equally responsible for sup				
infor	mation. If m		attach a separate sheet to		y additional pages, write you				
Part		,	arital Status and Where You	ı Lived Before					
1.	What is you	r current marital statu	ıs?						
	Married								
	☐ Not mai	ried							
2.	During the la	ng the last 3 years, have you lived anywhere other than where you live now?							
	NoYes. List all of the places you lived in the last 3 years. Do not include where you live now.								
	Debtor 1:		Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there			
					ity property state or territory co, Texas, Washington and W				
	■ No								
	☐ Yes. Ma	ake sure you fill out <i>Scl</i>	nedule H: Your Codebtors (O	fficial Form 106H).					
Part	Explai	n the Sources of You	r Income						
	Fill in the total	al amount of income yo	nployment or from operating u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?			
□ No									
	Yes. Fil	in the details.							
			Debtor 1		Debtor 2				
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)			
the data way filed for bankers waters			☐ Wages, commissions, bonuses, tips	\$22,997.42	☐ Wages, commissions, bonuses, tips				
			Operating a business		☐ Operating a business				

Debtor 1 Henry Flowers, IV						Case number (if known)				
Sources				Debtor 1	tor 1 Debtor 2					
				Sources of income Check all that apply.	rces of income Gross income		Sources of income Check all that apply. Gross in (before and exc			
			dar year: December 3	31, 2021)	■ Wages, commissions, bonuses, tips			☐ Wages, commissions, bonuses, tips		
					☐ Operating a business		☐ Operating a	business		
					☐ Wages, commissions, bonuses, tips	\$54,195.00	☐ Wages, combonuses, tips	missions,		
					Operating a business		☐ Operating a business			
5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; rewinnings. If you are filing a joint case and you have income that you received together, list it only once under Del List each source and the gross income from each source separately. Do not include income that you listed in line No Yes. Fill in the details.								royalties; and ebtor 1.		
					Debtor 1		Debtor 2			
					Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inc Describe below		Gross income (before deductions and exclusions)	
Par	t 3:	List	Certain Pay	ments You I	Made Before You Filed for	Bankruptcy				
6.	Are e	either	Debtor 1's	or Debtor 2's	s debts primarily consume	r debts?				
No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) a individual primarily for a personal, family, or household purpose."								1(8) as "incurred by an		
During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or m No. Go to line 7.							al of \$7,575* or mo	re?		
Yes List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the to paid that creditor. Do not include payments for domestic support obligations, such as child support and a										
	not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustments.									
		Yes.	Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?							
			■ No.	Go to line 7.						
			□ Yes	include payn		id a total of \$600 or more an bligations, such as child sup				
	Cred	ditor's	Name and	Address	Dates of payme	ent Total amount	Amount you still owe	Was this p	payment for	
						F 1.1-W				

7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.								
	Yes. List all payments to an insider.								
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	his payment			
8.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.								
	No☐ Yes. List all payments to an insider								
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t				
	t 4: Identify Legal Actions, Repossession								
	□ No ■ Yes. Fill in the details. Case title Case number	Nature of the case	Court or agency		Status of the case				
	Rochelle Flowers v. Henry Flowers IV 2100311	Divorce	Hamilton County Domestic Relations Court 800 Broadway Cincinnati, OH 45202		■ Pending □ On appeal □ Concluded				
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address			oreclosed, garnis Date	hed, attached,	seized, or levied? Value of the property			
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details.								
	Creditor Name and Address				Date action was Ame				
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or at ■ No □ Yes		rty in the possessi	ion of an assigned	e for the benef	it of creditors, a			

Case number (if known)

Debtor 1 Henry Flowers, IV

Deb	btor 1 Henry Flowers, IV	Case n	number (if known)	
Par	rt 5: List Certain Gifts and Contributions			
13.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift.	tcy, did you give any gifts with a total value of	more than \$600 per person	?
	Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:			
14.	■ No	tcy, did you give any gifts or contributions with	h a total value of more than	\$600 to any charity?
	Yes. Fill in the details for each gift or con Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		Dates you contributed	Value
Par	rt 6: List Certain Losses			
15.	Within 1 year before you filed for bankrupt or gambling?	cy or since you filed for bankruptcy, did you lo	se anything because of the	t, fire, other disaster
	■ No □ Yes. Fill in the details.			
	how the loss occurred	escribe any insurance coverage for the loss clude the amount that insurance has paid. List per surance claims on line 33 of Schedule A/B: Prope		Value of property lost
Par	rt 7: List Certain Payments or Transfers			
16.	consulted about seeking bankruptcy or pr	cy, did you or anyone else acting on your beha eparing a bankruptcy petition? parers, or credit counseling agencies for services		rty to anyone you
	□ No			
	Yes. Fill in the details. Person Who Was Paid	Description and value of any property	Date payment	Amount of
	Address Email or website address Person Who Made the Payment, if Not Yo	transferred	or transfer was made	payment
	Barr, Jones & Associates LLP 810 Sycamore Street, 4th Floor Cincinnati, OH 45202 abrasse@barrjoneslegal.com	Attorney Fees	7/12/22	\$800.00
17.		cy, did you or anyone else acting on your beha ors or to make payments to your creditors? ou listed on line 16.	lf pay or transfer any prope	rty to anyone who
	■ No □ Yes. Fill in the details.			
	Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details.							
	Person Who Received Transfer Address Person's relationship to you	Description and v property transfer		payme	be any property or nts received or debts exchange	Date transfer was made		
19.	Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-protein No		y property to a s	self-settled	l trust or similar device	of which you are a		
	Yes. Fill in the details.							
	Name of trust	Description and v	alue of the prop	erty trans	ferred	Date Transfer was made		
Par	tt 8: List of Certain Financial Accounts, Insti	ruments, Safe Deposit	Boxes, and Sto	rage Units	s			
20.	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated No	other financial accou	nts; certificates	of deposit		, ,		
	Name of Financial Institution and	ast 4 digits of account number	Type of accou instrument	nt or	Date account was closed, sold, moved, or transferred	Last balance before closing o transfe		
21.	Do you now have, or did you have within 1 ye cash, or other valuables?	ar before you filed for	bankruptcy, an	y safe dep	osit box or other depos	itory for securities,		
	■ No							
	☐ Yes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe t	he contents	Do you still have it?		
22.	Have you stored property in a storage unit or	place other than your	home within 1 y	year befor	e you filed for bankrupt	cy?		
	■ No □ Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Do you still have it?						
Par	rt 9: Identify Property You Hold or Control for Someone Else							
23.	Do you hold or control any property that some for someone. No Yes. Fill in the details.	eone else owns? Incli	ude any property	y you borr	owed from, are storing	for, or hold in trust		
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe t	he property	Value		
Par	rt 10: Give Details About Environmental Infor	•						

For the purpose of Part 10, the following definitions apply:

■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

	regulations controlling the cleanup of thes	se substances, wastes, or material.							
	Site means any location, facility, or proper to own, operate, or utilize it, including disp		aw, whether you now own, operate,	or utilize it or used					
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. port all notices, releases, and proceedings that you know about, regardless of when they occurred.								
Rep	ort all notices, releases, and proceedings t	nat you know about, regardless of when	they occurred.						
24.	Has any governmental unit notified you that	at you may be liable or potentially liable	under or in violation of an environm	ental law?					
	■ No								
	☐ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice					
25.	Have you notified any governmental unit o	f any release of hazardous material?							
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice					
26.	Have you been a party in any judicial or ad	ministrative proceeding under any envir	onmental law? Include settlements	and orders.					
	■ No								
	Yes. Fill in the details.								
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case					
Par	t 11: Give Details About Your Business or	Connections to Any Business							
27.	Within 4 years before you filed for bankrup	otcy, did you own a business or have any	y of the following connections to an	y business?					
	<u> </u>	in a trade, profession, or other activity,							
	☐ A member of a limited liability com	pany (LLC) or limited liability partnershi	p (LLP)						
	☐ A partner in a partnership								
	☐ An officer, director, or managing e	xecutive of a corporation							
	☐ An owner of at least 5% of the voti	ng or equity securities of a corporation							
	No. None of the above applies. Go to								
	_	Il in the details below for each business.							
	Business Name	Describe the nature of the business	Employer Identification numbe	er					
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security Dates business existed						
28.	Within 2 years before you filed for bankrup institutions, creditors, or other parties.	otcy, did you give a financial statement to		ude all financial					
	■ No								
	☐ Yes. Fill in the details below.								
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued							

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Part 12: Sign Below

Debtor	Henry Flowers, IV		Case number (if known)
with a l		t in fines up to \$250,000, or imprisonment for up	erty, or obtaining money or property by fraud in connection to 20 years, or both.
/s/ He	enry Flowers, IV		
Henry	/ Flowers, IV	Signature of Debtor 2	
Signat	ture of Debtor 1		
Date	August 25, 2022	Date	
Did you	u attach additional pages to	o Your Statement of Financial Affairs for Individu	uals Filing for Bankruptcy (Official Form 107)?
■ No			
☐ Yes			
Did you	u pay or agree to pay some	one who is not an attorney to help you fill out ba	nkruptcy forms?
■ No			
☐ Yes.	. Name of Person Att	tach the Bankruptcy Petition Preparer's Notice, Deci	laration, and Signature (Official Form 119).

LBR Form 2016-1(b)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO

In re: Henry Flowers, IV		Case No.
nemy riowers, iv		Chapter 13
	Debtor(s)	Judge

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR AND APPLICATION FOR ALLOWANCE OF FEES IN CHAPTER 13 CASE

I. **Disclosure**

1.	Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that that compensation paid to me within one year before the filing of the pet services rendered or to be rendered on behalf of the debtor(s) in contemplatifollows:	ition in bankruptcy	, or agreed to be paid to me, for
F	For legal services, I have agreed to accept	\$	4,350.00
	Prior to the filing of this statement I have received	•	800.00
В	Balance Due	\$	3,550.00
2.	\$313.00 of the filing fee has been paid.		
3.	The source of the compensation paid to me was:		
	■ Debtor □ Other (specify):		
4.	The source of compensation to be paid to me is:		
	■ Debtor □ Other (specify):		
5.	■ I have not agreed to share the above-disclosed compensation with any of associates of my law firm.	her persons unless t	hey are members and/or
	☐ I have agreed to share the above-disclosed compensation with another per of my law firm. A copy of the agreement, together with a list of the name attached.		

II. **Application**

- I hereby apply for an allowance of fees in the amount set forth above. I understand and agree that the Court may approve, without itemization, an allowance of fees not to exceed \$4,350, for rendering the legal services set forth below. If I seek payment of fees in excess of \$4,350, I will file a separate application that sets forth the total amount of the fee requested, and that includes an itemization of all legal services performed, the amount and itemization of any expenses for which reimbursement is sought, the identification and hourly billing rate of any attorney, paralegal, or other professional person for whom fees are sought, and the actual time spend by the attorney, paralegal, or other professional person for whom fees are sought.
 - Initial client interview, preparation and signing of any retainer or representation agreement, analysis of the debtor's a. financial situation, and rendering advice to the debtor in determining whether, and under what chapter, to file a petition in bankruptcy;
 - Advising the debtor concerning his or her obligations and duties pursuant to the Code, the Rules, the Local Rules, b. applicable court orders, and provisions of his or her chapter 13 plan;
 - Preparation and filing of any document required by § 521 of the Code, including Official Form 122C-1 and Official Form c. 122C-2 (if applicable), the petition, schedules, statement of financial affairs and any amendments thereto that may be required;

- d. Preparation and filing of the chapter 13 plan and any preconfirmation amendments thereto that may be required; provided, legal services performed relative to Paragraphs 5.4.1,5.4.2 and 5.4.3 of the chapter 13 plan are not covered by the no-look fee and may be compensated through a separate application for fees; however, in such event, no additional compensation will be allowed for the preparation and filing of a motion pursuant to Rule 5009(d).
- e. Preparation and filing of payroll orders and amended payroll orders, except amended payroll orders prepared in connection with the modification of a plan or the temporary suspension of payments;
- f. Representation of the debtor at the § 341 meeting of creditors and confirmation hearing, and at any adjournments thereof;
- g. Filing of address changes for the debtor;
- h. Review of claims;

Date

- i. Review of notice of intention to pay claims;
- j. Preparation and filing of objections to non-real estate and non-tax claims, exclusive of any hearings;
- k. Preparation and filing of first motion to suspend or temporarily reduce plan payments;
- 1. Representation of the debtor in the submission of the annual tax return or the retaining of the tax refund pursuant to the Mandatory Form Chapter 13 Plan, exclusive of any subsequent inquiry, amendment, status report, motion, objection or hearing;
- m. Filing of a notice of final cure payment, when filed by the debtor, exclusive of any hearings;
- n. Preparation and filing of debtor's certification regarding issuance of discharge order;
- o. Routine phone calls and questions;
- p. File maintenance and routine case management; and
- q. Any other duty as required by local decision or policy.
- 7. By agreement with the debtor(s), the above-disclosed fee does not include the following services:
 Representation of the debtor in any dischargeability action, judicial liens avoidances, relief from stay actions or any other adversary proceeding. Negotiations with secured creditors to reduce market value/exemptions; preparation and filing of reaffirmation agreement and applications as needed; preparation and filing of motion of avoidance of lien; representation or consultation of any adversary proceeding/matters..

August 25, 2022	/s/ Androw P Brasso

Andrew P. Brasse
Name
Barr, Jones & Associates LLP
810 Sycamore Street, 4th Floor
Cincinnati, OH 45202
513-729-9079
Fax: 513-263-9101

abrasse@barrjoneslegal.com 0082363 OH

Fill in this information to identify your case:							
_							
-							
_							
-							
_							

Check	Check as directed in lines 17 and 21:							
	cording to the calculations required by this tement:							
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).							
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).							
	3. The commitment period is 3 years.							
	4. The commitment period is 5 years.							

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. §

				Columi Debtor		Column Debtor non-fili	_
Your gross wages, salary, tips, bonuses, overto payroll deductions).	ime, and	commissions	(before all	\$	0.00	\$	0.00
Alimony and maintenance payments. Do not in Column B is filled in.	clude pay	ments from a s	pouse if	\$	0.00	\$	0.00
All amounts from any source which are regula of you or your dependents, including child sup from an unmarried partner, members of your hous and roommates. Do not include payments from a you listed on line 3. Net income from operating a business, profession, or farm	oport. Inc sehold, yo spouse. [lude regular co our dependents	ntributions parents,	\$	0.00	\$	0.00
Gross receipts (before all deductions)	\$	3,832.9	0				
Ordinary and necessary operating expenses	- \$	1,477.8	34				
Net monthly income from a business, profession, or farm	\$	2,355.0	Copy here -> S	\$	2,355.06	\$	0.00
Net income from rental and other real property	Deb	tor 1					
Gross receipts (before all deductions)	(0.00					
Ordinary and necessary operating expenses	-(0.00					_
Net monthly income from rental or other real property	orty ¢	0.00 Cd	opy here ->	\$	0.00	\$	0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you \$ 0.00 For your spouse \$ 0.00 Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. \$ 0.00 \$ 0.00 Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ 0.00 Total amounts from separate pages, if any. \$ 0.00 \$ 0.00 \$ 0.00 Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	Interest, dividends, and royalties Interest developed and royalties Interest developed and royalties, a		Henry Flowers, IV				(if known)			
Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you \$ 0.00 For your spouse \$ 0.00 For your spouse you spouse the second of	Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you S 0.00 For your spouse Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sontence, do not include any compensation, pension, pay, annulty, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you creeived any retired pay by add under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. S 0.00 \$							Debtor 2		
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you	Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you S 0.00 For your spouse S 0.00 Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. S 0.00 S 0.00 Total amounts from separate pages, if any. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. S 2,355.06 Total average monthly income from line 11. S 2,355.06 Total average monthly income from line 11. S 2,355.06 Total average monthly income is filing with you. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, s	. Int	erest, dividends, and rovalties			\$	0.00	\$	0.00	
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you \$ 0.00 For your spouse \$ 0.00 Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, conduct related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of the 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. \$ 0.00 \$ 0.00 \$ 0	Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you \$ 0.00 For your spouse \$ 0.00 Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of the 10 their than chapter 61 of that title. Income from all other sources not listed above. Specify the source and amount. To not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or demsetic terrorism, or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ 0.00 Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Capy your total average monthly income from line 11. Copy your total average monthly income from line 11. S 2,355.06 Determine How to Measure Your Deductions from Income Copy your are married and your spouse is filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustment does not apply, enter 0 below.		· · · · · · · · · · · · · · · · · · ·			\$	0.00	\$	0.00	
For your spouse \$ 0.00 Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include my compensation, pansion on, pansion on, an unity of the provided of the pro	For your spouse \$ 0.00 For your spouse \$ 0.00 Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any your pension, pension	Do	not enter the amount if you contend that the amount	ount received was a benefi	t under					
Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, cor lack of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or allowance paid by the United States Government in connection with a disability, cor allowance paid by the United States Government in connection with a disability, or allowance paid by the United States Government in connection with a disability, cornbact-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. Sources on a separate page and put the total below. Sources on a separate page and put the total below. Sources on a separate page and put the total for Column B. Sources on a separate page and put the total for Column B. Sources on a separate page and put the total for Column B. Sources on a separate page and put the total for Column B. Sources on a separate page and put the total for Column B. Sources on a separate page and put the total for Column B. Sources on a separate page and put the total for Column B. Sources on a separate page and put the total for Column B. Sources on a separate page and put the total for Column B. Sources on a separate page and put the total for Column B. Sources on a separate page and put the total for Column B. Sources on a separate page and put the total for Column B. Sources on a separate page and put the	Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or allowance paid by the United States Government in connection with a disability, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$		-	\$ 0.0	00					
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15a. Copy line 14 here=>

15. Calculate your current monthly income for the year. Follow these steps:

2,355.06

Debtor 1		Henr	y Flowers, IV		Case number (if known)		
		Mul	tiply line 15a by 12 (the number of months in a	year).		X	12
	15b.	The	e result is your current monthly income for the year	ear for this part of the form.		\$	28,260.72
16. C	alcu	ılate t	the median family income that applies to you	I. Follow these steps:			
1	6a. F	Fill in	the state in which you live.	ОН			
1	6b. F	Fill in	the number of people in your household.	1			
1			the median family income for your state and siz			\$	54,877.00
			d a list of applicable median income amounts, g ctions for this form. This list may also be availab				
17. H	low	do th	e lines compare?				
1	7a.		Line 15b is less than or equal to line 16c. On a 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NO				
1	7b.		Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcula your current monthly income from line 14 abo	tion of Your Disposable In			
Part 3	:	Cald	culate Your Commitment Period Under 11 U.	3.C. § 1325(b)(4)			
18. C	ору	your	total average monthly income from line ${\bf 11}$.			\$	2,355.06
c s	onte pous	nd tha e's in	e marital adjustment if it applies. If you are mat calculating the commitment period under 11 come, copy the amount from line 13.	J.S.C. § 1325(b)(4) allows y	ou to deduct part of your	•	0.00
1	9a. I	t the i	marital adjustment does not apply, fill in 0 on lin	e 19a.	-	\$	0.00
1	9b. \$	Subtr	act line 19a from line 18.			\$	2,355.06
20. C	alcu	ılate	your current monthly income for the year. F	ollow these steps:			
2	0a. (Сору	line 19b			\$	2,355.06
	N	Multip	ly by 12 (the number of months in a year).			X	12
2	0b. 1	Γhe re	esult is your current monthly income for the year	for this part of the form		\$	28,260.72
2	0c. (Сору	the median family income for your state and siz	e of household from line 16	c	\$	54,877.00
2	1. i	How o	do the lines compare?				
	ı		ine 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4.	ordered by the court, on the	e top of page 1 of this form, check l	box 3, <i>T</i>	he commitment
	[nine 20b is more than or equal to line 20c. Unlescommitment period is 5 years. Go to Part 4.	s otherwise ordered by the	court, on the top of page 1 of this	form, ch	eck box 4, The
Part 4	:	Sign	n Below				
В	y sig	gning	here, under penalty of perjury I declare that the	information on this stateme	ent and in any attachments is true a	and corre	ect.
			y Flowers, IV				
			lowers, IV of Debtor 1				
	-	Aug	ust 25, 2022				
If	VOL		DD / YYYY ked 17a, do NOT fill out or file Form 122C-2.				
	-		ked 17b, fill out Form 122C-2 and file it with this	form. On line 39 of that for	m. copy your current monthly incor	ne from	line 14 above.
	,		,		, ., , ,		

Debtor 1	Henry Flowers, IV	Case number (if known)	

Debtor 1	Henry Flowers, IV	Case number (if known)	

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 02/01/2022 to 07/31/2022.

Line 5 - Income from operation of a business, profession, or farm

Source of Income: **Uber**

Income/Expense/Net by Month:

	Date	Income	Expense	Net
6 Months Ago:	02/2022	\$522.30	\$193.94	\$328.36
5 Months Ago:	03/2022	\$2,228.69	\$791.03	\$1,437.66
4 Months Ago:	04/2022	\$3,359.91	\$1,169.62	\$2,190.29
3 Months Ago:	05/2022	\$5,285.43	\$2,080.55	\$3,204.88
2 Months Ago:	06/2022	\$5,543.15	\$2,250.66	\$3,292.49
Last Month:	07/2022	\$6,057.94	\$2,381.26	\$3,676.68
_	Average per month:	\$3,832.90	\$1,477.84	
			Average Monthly NET Income:	\$2,355.06

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$78	administrative fee	
+ \$15	trustee surcharge	
\$338	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Bsi Mtg Attn: Bankruptcy 101 N 2nd St Titusville, PA 16354

Costco Citi Card Attn: Bankruptcy Po Box 6500 Sioux Falls, SD 57117

Discover Financial Attn: Bankruptcy Po Box 3025 New Albany, OH 43054

First Premier Bank Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117

Freedom Road Financial PO Box 18218 Reno, NV 89521

IRS PO Box 219236 Kansas City, MO 64121

Khitajrah Allen 6681 Highland Greens Drive, Apt. 306 West Chester, OH 45069

RMP Services, LLC PO Box 630844 Cincinnati, OH 45263

Rochelle Beatrice Flowers 2229 Glenside Avenue Cincinnati, OH 45212-3000

Southwest Collections Southwest Collection Po Box 6349 Orange, CA 92863

Synchrony Bank Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Lowes Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 Telecom Self-reported Po Box 4500 Allen, TX 75013

Toyota Financial Services Attn: Bankruptcy Po Box 259001 Plano, TX 75025

U.S. Small Business Administration 14925 Kingsport Road Fort Worth, TX 76155

USAA Federal Savings Bank Attn: Bankruptcy 10750 Mcdermott Freeway San Antonio, TX 78288

Wells Fargo Bank NA 1 Home Campus Mac X2303-01a 3rd Floor Des Moines, IA 50328